

Washington County Rural Telephone Cooperative, Inc.
PO Box 9 • 105 E. Railroad Street • Pekin, Indiana 47165

June 26, 2015

REDACTED – FOR PUBLIC INSPECTION

Via Electronic Filing

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: WC Docket No. 14-58
2015 ETC Annual Report Pursuant to 47 C.F.R. § 54.313 and 54.422
2015 ETC Annual Report of Washington County Rural Telephone Cooperative, Inc.
Study Area Code 320834

Dear Secretary,

On behalf of Washington County Rural Telephone Cooperative, Inc., we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to 47 CFR 54.313 and 47 CFR 54.422 of the Commission's rules. Washington County Rural Telephone Cooperative, Inc. seeks confidential treatment under the Commission's existing confidentiality rules at 47 CFR 0.457 and 47 CFR 0.459 for the information filed pursuant to Section 54.313(a)(1) and Section 54.313(f)(2) of the Commission's regulations¹. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,



Sara Morris
Washington County Rural Telephone Cooperative, Inc.

Enclosures

¹ *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, 27 FCC Rcd 14231 (Wireline Comp. Bur. 2012) (Protective Order).

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	320834
<015> Study Area Name	WASHINGTON CTY RURAL
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Sara Morris
<035> Contact Telephone Number: Number of the person identified in data line <030>	8129675521 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	sara.morris@tele-mediasolutions.coop

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 320834in510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 320834in610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 320834in1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Redacted - For Public Inspection

320834in510.pdf

Service Quality Standards & Consumer Protection Rules Compliance

Please refer to the following documents regarding annual CPNI Certification with accompanying procedures as well as the documentation regarding the current Red Flag suspension status, including the 1/27/2011 Board of Directors Resolution that exempts Washington County Rural Telephone Cooperative, Inc. from compliance with the FACT Act Red Flag Identity Theft Prevention Program. The Board of Directors agreed to continue the indefinite suspension.

Announcing a new FCC.gov

Tell us what you think and help shape the future »

[Search](#) | [RSS](#) | [Updates](#) | [E-Filing](#) | [Initiatives](#) | [Consumers](#) | [Find People](#)

CPNI Template Submission

[Customer Proprietary Network Information \(CPNI\) Certification Home](#)

Annual 47 C.F.R. § 64.2009(e) CPNI Certification Template EB Docket 06-36

The new CPNI Submission was saved.

Confirmation Number: 15055208

Certification Year: 2014

Date Filed: Feb 21 2015 11:37AM

Name of Signatory: Roland King

Title of Signatory: President

Company covered by this certification:

- **Washington County Rural Tel. Coop. Inc. dba Tele-Media Solutions (808455)**

Attachment:

- [CPNI Certification 2014.pdf](#)

[View and verify this CPNI Submission](#)

[Return to CPNI Home](#)

[FCC Home](#) | [Search](#) | [RSS](#) | [Updates](#) | [E-Filing](#) | [Initiatives](#) | [Consumers](#) | [Find People](#)

Federal Communications Commission Phone: 1-888-CALL-FCC (1-888-225-445 12th Street SW 5322)
Washington, DC 20554 TTY: 1-888-TELL-FCC (1-888-835-5322)
[More FCC Contact Information...](#)

Fax: 1-866-418-0232
E-mail: fccinfo@fcc.gov

- [Privacy Policy](#)
- [Website Policies & Notices](#)
- [Required Browser Plug-ins](#)
- [Freedom of Information Act](#)

CPNI Template Submission Software Version 00.01.03 April 5, 2011

Announcing a new FCC.gov

Tell us what you think and help shape the future »

[Search](#) | [RSS](#) | [Updates](#) | [E-File](#) | [Initiatives](#) | [Consumers](#) | [Find People](#)

CPNI Template Submission

[Customer Proprietary Network Information \(CPNI\) Certification Home](#)

Annual 47 C.F.R. § 64.2009(e) CPNI Certification Template EB Docket 06-36

Submission Confirmation Number: **15055208**

Annual 64.2009(e) CPNI Certification for 2015 covering the prior calendar year: 2014

1. Date filed: Feb 21 2015 11:37AM

2. Name of company(s) covered by this certification:

- Washington County Rural Tel. Coop. Inc. dba Tele-Media Solutions (808455)

3. Form 499 Filer ID(s):

808455

4. Name of signatory:

Roland King

5. Title of signatory:

President

6. Certification:

I, Roland King [name of officer signing certification], certify that I am an officer of the company named above, and acting as an agent of the company, that I have personal knowledge that the company has established operating procedures that are adequate to ensure compliance with the Commission's CPNI rules. See 47 C.F.R. § 64.2001 *et seq.*

Attached to this certification is an accompanying statement explaining how the company's procedures ensure that the company is in compliance with the requirements (including those mandating the adoption of CPNI procedures, training, recordkeeping, and supervisory review) set forth in section 64.2001 *et seq.* of the Commission's rules.

The company [has has not] taken actions (*i.e.*, proceedings instituted or petitions filed by a company at either state commissions, the court system, or at the Commission against data brokers) against data brokers in the past year. [NOTE: If you reply in the affirmative, please provide an explanation of any actions taken against data brokers.]

The company [has has not] received customer complaints in the past year concerning the unauthorized release of CPNI [NOTE: If you reply in the affirmative, please provide a summary of such complaints. This summary should include number of complaints, broken down

2/21/2015

CPNI Template Submission

Redacted - For Public Inspection

by category or complaint, e.g., instances of improper access by employees, instances of improper disclosure to individuals not authorized to receive the information, or instances of improper access to online information by individuals not authorized to view the information.]

The company represents and warrants that the above certification is consistent with 47. C.F.R. § 1.17 which requires truthful and accurate statements to the Commission. The company also acknowledges that false statements and misrepresentations to the Commission are punishable under Title 18 of the U.S. Code and may subject it to enforcement action.

Signed: [Signature of an officer, as agent of the carrier]

Attachments: Accompanying Statement explaining CPNI procedures
Explanation of actions taken against data brokers (if applicable)
Summary of customer complaints (if applicable)



CPNI Certification 2014.pdf

[Return to CPNI Home](#)

[FCC Home](#) | [Search](#) | [RSS](#) | [Updates](#) | [E-Filing](#) | [Initiatives](#) | [Consumers](#) | [Find People](#)

Federal Communications Commission Phone: 1-888-CALL-FCC (1-888-225-445 12th Street SW 5322)
Washington, DC 20554 TTY: 1-888-TELL-FCC (1-888-835-5322)
[More FCC Contact Information...](#)

Fax: 1-866-418-0232
E-mail: fccinfo@fcc.gov

- [Privacy Policy](#)
- [Website Policies & Notices](#)
- [Required Browser Plug-ins](#)
- [Freedom of Information Act](#)

CPNI Template Submission Software Version 00.01.03 April 5, 2011

Annual 47 C.F.R. § 64.2009(e) CPNI Certification Template

EB Docket 06-36

Annual 64.2009(e) CPNI Certification for 2015 covering the prior calendar year 2014

1. Date filed: 02/19/2015
2. Name of company(s) covered by this certification: Washington County Rural Telephone Cooperative, Inc.
3. Form 499 Filer ID: 808455
4. Name of signatory: Roland King
5. Title of signatory: President
6. Certification:

I, Roland King, certify that I am an officer of the company named above, and acting as an agent of the company, that I have personal knowledge that the company has established operating procedures that are adequate to ensure compliance with the Commission's CPNI rules. See 47 C.F.R. § 64.2001 *et seq.*

Attached to this certification is an accompanying statement explaining how the company's procedures ensure that the company is in compliance with the requirements (including those mandating the adoption of CPNI procedures, training, safeguards, recordkeeping, and supervisory review) set forth in section 64.2001 *et seq.* of the Commission's rules.

The company has not received customer complaints in the past year concerning the unauthorized release of CPNI.

The company represents and warrants that the above certification is consistent with 47 C.F.R. § 1.17, which requires truthful and accurate statements to the Commission. The company also acknowledges that false statements and misrepresentations to the Commission are punishable under Title 18 of the U.S. Code and may subject it to enforcement action.

Signed  _____

Attachments: Accompanying Statement explaining CPNI procedures

Attachment: Accompanying Statement of Operating Procedures

Per the FCC CPNI rules [47 CFR §64.2009(e)] and as referenced in the attached signed certification, Washington County Rural Telephone Cooperative, Inc. d/b/a Tele-Media Solutions, herein referenced as the Company hereby certifies that the Company [and its affiliates] is in compliance with the FCC CPNI rules and has outlined some of the important operating procedures below in order to ensure the Company's compliance in the protection of CPNI:

1. CPNI manual has been updated in order to account for all FCC CPNI rules, including the recent revisions, and has been adopted by our Company's board
2. CPNI Compliance officer has been designated to oversee all CPNI duties, training, and activity
 - o Established an outbound marketing supervisory review process for the use of CPNI
 - o Records are maintained for any marketing campaigns that utilize customers' CPNI for a minimum of one year
3. Employees have been trained on when they are, and are not, authorized to use or disclose CPNI
 - o Disciplinary process has been defined and is in place for violations and/or breaches of CPNI
4. Carrier authentication requirements have been met
 - o All customer during a customer-initiated telephone call are authenticated as being an authorized account contact before discussing CPNI (non-call detail or call detail) without utilizing readily available biographical or account information as defined by the FCC
 - o Call detail is only released to customers during customer-initiated telephone contact if a password is provided. If the requesting customer does not provide a password, only the following FCC approved methods are permitted for the release of the requested call detail:
 - Sending the requested detail to the address of record (only a physical or email address associated with that particular account that has been in our company files for at least 30 days)
 - Calling the customer back at the telephone of record (only disclosing if the customer was authenticated as being an authorized account contact)
 - Having customer come in to Company's office and provide a valid government-issued photo ID
5. Notice to customer of account change as customers are notified immediately when a customer creates or changes one of the following:
 - o password
 - o customer response to a back-up means of authentication for lost or forgotten passwords
 - o online account
 - o address of record
6. Notice of unauthorized disclosure of CPNI, a notification process is in place in order to notify both law enforcement and customer(s) in the event of a CPNI breach within the timeline specified by the FCC
7. Opt-out method for approval of CPNI use for marketing campaigns is utilized
 - o Customers are notified bi-annually of their rights for the use of their CPNI in marketing campaigns
 - o New customers are notified of the opt-out procedure as a part of the customer sign-up process
 - o Billing system displays customer's opting status
 - o Compliance officer retains CPNI notifications and opting records for at least two years
8. Additional protection measures are taken above and beyond the current FCC CPNI rules
 - o Company takes reasonable measures to discover and protect against activity that is indicative of pretexting
 - o Company maintains security of all CPNI, including but not limited to:
 - Documents containing CPNI are shredded
 - Computer terminals are locked when employee is not at the station

**RESOLUTION 01272011 OF THE BOARD OF DIRECTORS FOR
WASHINGTON COUNTY RURAL TELEPHONE COOPERATIVE, INC.**

RESOLUTION: At a meeting of the Board of Directors of **Washington County Rural Telephone Cooperative, Inc.**, hereafter referred to as the Board, which was held on **January 27, 2011**, and the following resolution was unanimously passed:

BE IT RESOLVED, that the Red Flag Program Clarification Act of 2010 exempts **Washington County Rural Telephone Cooperative, Inc. d/b/a Tele-Media Solutions** from having to comply with the FACT Act Red Flag Identity Theft Prevention Program, hereafter referred to as the Program, which was created in response to the requirements of the Red Flag Rules established by the Department of the Treasury, Federal Reserve System, Federal Deposit Insurance Corporation, Department of the Treasury, National Credit Union Administration, and Federal Trade Commission, which implemented Section 114 of the Fair and Accurate Credit Transactions Act of 2003:

1. That the Red Flag Clarification Act amended the Fair Credit Reporting Act with respect to the applicability of identity theft guidelines to creditors.
2. That the Act narrowed the definition of a "creditor" as someone who uses credit reports, furnishes consumer information to credit reporting agencies or "advances funds...based on an obligation of the person to repay the funds or repayable from specific property pledges by or on behalf of the person..." and narrowed the scope of the Rule by exempting from the definition of "creditor" the following criterion, "does not include a creditorthat advances funds on behalf of a person for expenses incidental to a service provided by the creditor to that person."

BE IT FURTHER RESOLVED, that the Board will suspend indefinitely **Washington County Rural Telephone Cooperative, Inc. d/b/a Tele-Media Solutions'** FACT Act Red Flag Identity Theft Prevention Program and will review at least annually and comply as necessary to address changing identity theft risks.

IN WITNESS WHEREOF, I have affixed my name as Secretary of said **Washington County Rural Telephone Cooperative, Inc.**, this 27th day of **January 2011**.


Betty J. Thomas, Secretary

320834in610

Redacted - For Public Inspection

Functionality in Emergency Situations

Washington County Rural Telephone Cooperative maintains an emergency awareness for all employees and services. Washington County Rural Telephone Cooperative certifies that it is capable and responsive to emergency situations with appropriate personnel, equipment and materials.

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	320834
<015>	Study Area Name	WASHINGTON CTY RURAL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sara Morris
<035>	Contact Telephone Number - Number of person identified in data line <030>	8129675521 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sara.morris@tele-mediasolutions.coop

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	19.95

<703>

[illegible]

Redacted - For Public Inspection

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3050-0986/OMB Control No. 3050-0819
July 2013

<010>	Study Area Code	320834
<015>	Study Area Name	WASHINGTON CTY RURAL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	SARA MORRIS
<035>	Contact Telephone Number - Number of person identified in data line <030>	8129675521 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sara.morris@tele-mediasolutions.coop

[illegible]

Redacted - For Public Inspection

(800) Operating Companies
Data Collection Form
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819

<010>	Study Area Code	320834
<015>	Study Area Name	WASHINGTON CTY RURAL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sara Morris
<035>	Contact Telephone Number - Number of person identified in data line <030>	8129675521 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sara.morris@tele-mediasolutions.coop
<810>	Reporting Carrier	Washington County Rural Telephone Cooperative, Inc.
<811>	Holding Company	Not Applicable
<812>	Operating Company	Washington County Rural Telephone Cooperative, Inc.

[illegible]

Redacted - For Public Inspection

Redacted - For Public Inspection

320834in1010.pdf

Voice Services Rate Comparability

The Flat Rate for Washington County Rural Telephone Cooperative, Inc.'s local telephone service is \$19.95 plus \$1.75 State Subscriber Line Charge and \$.08 State Universal Service Fee of \$.08, for a total of \$21.78. Therefore, Washington County Rural Telephone Cooperative, Inc.'s local service is within two standard deviations of the average urban ratio for voice service of \$20.46.

Redacted - For Public Inspection

320834in1210.pdf

Lifeline Terms and Conditions

Please refer to the following information provided to all voice customers regarding the Lifeline program. In addition, as part of the plan, customers are allowed unlimited local service. If Tele-Media Solutions long distance is selected, the rate is 5.9 cents per minute or they may also choose a 500-anytime minute plan for \$27.50 per month.

LIFELINE ELIGIBILITY AND APPLICATION PROCESS

Are You Eligible?

To participate in the Lifeline program, a consumer must either have an income that is at or below 135% of the federal poverty guidelines (see chart) or participate in one of the following assistance programs:

- Medicaid
- Supplemental Nutrition Assistance Program (Food Stamps or SNAP)
- Supplemental Security Income (SSI)
- Federal Public House Assistance (Section 8)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families (TANF)
- National School Lunch Program's Free Lunch Program
- Bureau of Indian Affairs General Assistance
- Tribally-Administered Temporary Assistance for Needy Families (TTANF)
- Food Distribution Program on Indian Reservations (FDPRI)
- Head Start (if income eligibility criteria are met)
- State assistance programs (if applicable)

A consumer may be eligible if his or her household income is at or below 135% of the federal poverty guidelines as indicated in the chart. These amounts may change and you are required to provide proof of all sources of income. The person applying for eligibility must be the same person listed on the telephone bill.



Lifeline Household Eligibility

Federal rules prohibit eligible low-income consumers from receiving more than one Lifeline discount per household. An eligible consumer may receive a discount on either a wireline or wireless service, but not both.

A household is defined, for the purposes of the Lifeline program, as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of the household. A household may include related and unrelated persons. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in de-enrollment from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

A consumer whose household currently is receiving more than one Lifeline service must select a single Lifeline provider and contact the other provider to de-enroll from their program. Consumers violating this rule may also be subject to criminal and/or civil penalties.

Household Size	Household Income
1	\$15,890.00
2	\$21,506.00
3	\$27,122.00
4	\$32,738.00
5	\$38,354.00
6	\$43,970.00
For each additional person, add	\$5,616.00



How to Apply

Simply call toll free 1-866-290-1731 to verify eligibility and to request an application. Tele-Media Solutions also provides applications to customers upon request.

You must provide proof of program participation. This could include a copy of your benefit ID card, a copy of an eligibility letter from an authorized agency or prior year's statement of benefits. Do not send original documents.

Mail the application, telephone bill and documents to:
Lifeline Administrator
30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

Redacted - For Public Inspection

About the Lifeline Program

Since 1985, the Lifeline program has provided a discount on phone service for qualifying low-income consumers to ensure that all Americans have the opportunities and security that phone service brings, including being able to connect to jobs, family and emergency services. In 2005, Lifeline discounts were made available to qualifying low-income consumers on pre-paid wireless service plans in addition to traditional landline service. Lifeline is part of the Universal Service Fund.

The Lifeline program is available to eligible low-income consumers in every state, territory, commonwealth, and on Tribal lands. Consumers must have proper proof of eligibility to enroll. Existing Lifeline subscribers must re-certify their eligibility every year by responding to their Lifeline Provider's attempts to re-certify eligibility. Subscribers who fail to re-certify their eligibility will be de-enrolled from the program and lose their Lifeline benefits.

For more information, visit www.lifelinesupport.org or call the FCC at 1-888-225-5322.

For Tele-Media customers, Lifeline provides a discount on basic monthly telephone service of \$9.25 per month.



TELE-MEDIA
SOLUTIONS

105 E Railroad Street, Pekin, IN 47165
812-967-3171 • 877-967-3171
www.mycommunity.coop

Communications Group © 2015

LIFELINE

A PHONE PROGRAM
FOR LOW-INCOME
CONSUMERS



TELE-MEDIA

Redacted - For Public Inspection

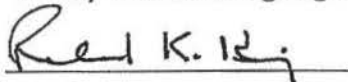
CERTIFICATION OF WASHINGTON COUNTY RURAL TELEPHONE COOPERATIVE, INC.

Reporting Period January 1 – December 31, 2014

Sec. 54.313(f)(1)(i) Milestone Certification

Pursuant to § 54.313 f)(1)(i) for Rate-of-Return Carriers, Carrier hereby certifies it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

I verify that the foregoing is true and correct. Executed on June 25, 2015.

A handwritten signature in black ink, appearing to read "Roland K. King", is written over a horizontal line.

Roland K. King, President

Washington County Rural Telephone Cooperative, Inc.

SAC: 320834

CERTIFICATION OF WASHINGTON COUNTY RURAL TELEPHONE COOPERATIVE, INC.

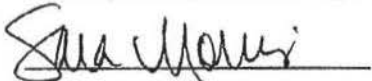
Reporting Period January 1 – December 31, 2014

Sec. 54.313(f)(1)(ii) Community Anchor Institutions

Pursuant to § 54.313(f)(1)(ii) for Rate-of-Return Carriers, Carrier hereby certifies the following number, names, and addresses of community anchor institutions to which the ETC newly began providing access to broadband service in the preceding calendar year.

Access to broadband services has been available prior to 2014 to all known anchor institutions within Carrier's service area. All requests for broadband services, and speed, were fulfilled in 2014. Carrier continues to monitor customer demand and technological innovation, planning to size its network in anticipation of requests and demand for higher speed broadband needs.

I verify that the foregoing is true and correct. Executed on June 26, 2015.



Sara Morris, Accounting Manager

Washington County Rural Telephone Cooperative, Inc.

SAC: 320834

Attachment line

Redacted - For Public Inspection

3026

***Washington County Rural
Telephone Cooperative, Inc.***

Financial Report

June 30, 2014

**(100) Service Quality Improvement Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	320834
<015>	Study Area Name	WASHINGTON CTY RURAL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sara Morris
<035>	Contact Telephone Number - Number of person identified in data line <030>	8129675521 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sara.morris@tele-mediasolutions.coop
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

320834in112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Not Applicable

Redacted - For Public Inspection

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	320834
<015>	Study Area Name	WASHINGTON CTY RURAL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sara Morris
<035>	Contact Telephone Number - Number of person identified in data line <030>	8129675521 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sara.morris@tele-mediasolutions.coop

[illegible]

Redacted - For Public Inspection

(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<015>	Study Area Name	WASHINGTON CTY RURAL
-------	-----------------	----------------------

<030>	Contact Name - Person USAC should contact regarding this data	Sara Morris
-------	---	-------------

<035> Contact Telephone Number - Number of person identified in data line <030> 8129675521 ext.

<039>	Contact Email Address - Email Address of person identified in data line <030>	sara.morris@tele-mediasolutions.coop
-------	---	--------------------------------------

See attached worksheet

Redacted - For Public Inspection

**(900) Tribal Lands Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code 320834
 <015> Study Area Name WASHINGTON CTY RURAL
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Sara Morris
 <035> Contact Telephone Number - Number of person identified in data line <030> 8129675521 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> sara.morris@tele-mediasolutions.coop

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes
 to confirm the status described on the attached document(s), on line 920,
 demonstrates coordination with the Tribal government pursuant to
 § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal
 community anchor institutions.
 <922> Feasibility and sustainability planning;
 <923> Marketing services in a culturally sensitive manner;
 <924> Compliance with Rights of way processes
 <925> Compliance with Land Use permitting requirements
 <926> Compliance with Facilities Siting rules
 <927> Compliance with Environmental Review processes
 <928> Compliance with Cultural Preservation review processes
 <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

Redacted - For Public Inspection

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	320834
<015>	Study Area Name	WASHINGTON CTY RURAL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sara Morris
<035>	Contact Telephone Number - Number of person identified in data line <030>	8129675521 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sara.morris@tele-mediasolutions.coop

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

Redacted - For Public Inspection

(1200) Terms and Condition for Lifeline Customers

Lifeline

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	320834
<015>	Study Area Name	WASHINGTON CTY RURAL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sara Morris
<035>	Contact Telephone Number - Number of person identified in data line <030>	8129675521 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sara.morris@tele-mediamolutions.coop

320834in1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



<1222> Details on the number of minutes provided as part of the plan,



<1223> Additional charges for toll calls, and rates for each such plan.



Redacted - For Public Inspection

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate of Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

<010>	Study Area Code	320834
<015>	Study Area Name	WASHINGTON CTY RURAL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	SARA MOYKIE
<035>	Contact Telephone Number - Number of person identified in data line <030>	8129675522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sara.moykiewie@mediasolutions.coop

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i)
 <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)
 <2011b> Attachment (47 CFR § 54.313(b)(1)ii)

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))
 <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))
 <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))
 <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband

--

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

Redacted - For Public Inspection

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	320834
<015> Study Area Name	WASHINGTON CTY RURAL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Sara Morris
<035> Contact Telephone Number - Number of person identified in data line <030>	8129675521 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	sara.morris@tele-mediasolutions.coop

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

320834in3010.pdf

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.



320834in3012.pdf

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)

- (3014) If yes, does your company file the RUS annual report

(Yes/No)



Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)



- (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows



- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No)



If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications



- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows



- (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit



If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,



- (3023) Underlying information subjected to a review by an independent certified public accountant



- (3024) Underlying information subjected to an officer certification.



- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows



320834in3026.pdf

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Redacted - For Public Inspection

(3000) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0886/CMA Control No. 3060-0819

July 2013

<010> Study Area Code	320834
<015> Study Area Name	WASHINGTON CTY RURAL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Sara Morris
<035> Contact Telephone Number - Number of person identified in data line <030>	8129675521 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	sara.morris@tele-mediasolutions.coop

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Redacted - For Public Inspection

Certification - Reporting Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	320834	
<015> Study Area Name	WASHINGTON CTY RURAL	
<020> Program Year	2016	
<030> Contact Name - Person USAC should contact regarding this data	Sara Morris	
<035> Contact Telephone Number - Number of person identified in data line <030>	8129675521 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	sara.morris@tele-mediasolutions.coop	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	WASHINGTON CTY RURAL
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/26/2015
Printed name of Authorized Officer:	Ernest Burnett
Title or position of Authorized Officer:	Vice-President
Telephone number of Authorized Officer:	8129673171 ext.
Study Area Code of Reporting Carrier:	320834 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	320834	
<015> Study Area Name	WASHINGTON CTY RURAL	
<020> Program Year	2016	
<030> Contact Name - Person USAC should contact regarding this data	Sara Morris	
<035> Contact Telephone Number - Number of person identified in data line <030>	8129675521 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	sara.morris@tele-mediasolutions.coop	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Redacted - For Public Inspection

Attachments